The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

| ID | 1 | A | , |
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CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

| For International Preliminary Examining Authority use only | | | | |
|--|--|--|--|--|
| Identification of IPEA Date of r | | Date of receipt of D | eipt of DEMAND | |
| Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION | | Applicant's or agent's file reference 15656-5PCT | | |
| International application No. PCT/CA04/00011 | International filing date (day/month/year) 5 JANUARY 2004 | | (Earliest) Priority date (day/month/year) 6 JANUARY 2003 | |
| Title of invention "A METHOD FOR TRANSPORTING A COMPOUND ACROSS THE BLOOD-BRAIN BARRIER" | | | | |
| Box No. II APPLICANT(S) | | | | |
| Name and address: (Family name followed by The address must include p | given name; for a legal entity, ostal code and name of country, | full official designation. | Telephone No. (514) 840-1226 | |
| TRANSFERT PLUS 550 Sherbrooke West | • | | Facsimile No. (514) 840-1299 | |
| Suite 100 Montréal (Québec) Canada | • | | Teleprinter No. | |
| H3A 1B9 | | • | Applicant's registration No. with the Office | |
| State (that is, country) of nationality: | country) of nationality: State (that is, country) of residence: CA | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.) BÉLIVEAU, Richard 266 Wilson Montréal (Québec) Canada H3E 1L8 | | | | |
| State (that is, country) of nationality: | | State (that is, count | try) of residence: | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.) DEMEULE, Michel 3557 Archambault Longueuil (Québec) Canada J4M 2W8 | | | | |
| State (that is, country) of nationality: | | State (that is, country CA | y) of residence: | |
| Further applicants are indicated on a continuation sheet. | | | | |

Form PCT/IPEA/401 (first sheet) (January 2004)

See Notes to the demand form

| | | 2 | , |
|-------|-----|---|---|
| Sheet | No. | | • |

International application No. PCT/CA04/00011

| Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE | | | |
|--|--|--|--|
| The following person is agent common representative | | | |
| and has been appointed earlier and represents the applicant(s) also for international p | reliminary examination. | | |
| is hereby appointed and any earlier appointment of (an) agent(s)/common represe | | | |
| is hereby appointed, specifically for the procedure before the International Prelin the agent(s)/common representative appointed earlier. | ninary Examining Authority, in addition to | | |
| | Telephone No. | | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) | (514) 847-4256 | | |
| Ogilvy Renault | Facsimile No. | | |
| 1981 McGill College Avenue, Suite 1600 | (514) 288-8389 | | |
| Montréal (Québec) Canada H3A 2Y3 | Teleprinter No. | | |
| HOM ZTO | Agent's registration No. with the Office | | |
| | Agent Stegistiation No. with the Office | | |
| Address for correspondence: Mark this check-box where no agent or common space above is used instead to indicate a special address to which correspondence. Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION | representative is/has been appointed and the e should be sent. | | |
| | | | |
| Statement concerning amendments:* 1. The applicant wishes the international preliminary examination to start on the basis of | .f. | | |
| the international application as originally filed | | | |
| the description . as originally filed | | | |
| as amended under Article 34 | • | | |
| About at a factor and the factor at the fact | - | | |
| the claims as originally filed | | | |
| as amended under Article 19 (together with any accompany) as amended under Article 34 | ing statement) | | |
| as affended under Afficie 34 | | | |
| the drawings as originally filed | | | |
| as amended under Article 34 | | | |
| 2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed. | | | |
| 3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d). | | | |
| 4. The applicant expressly wishes the international preliminary examination to applicable time limit under Rule 54bis.1(a). | start earlier than at the expiration of the | | |
| * Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended. | | | |
| Language for the purposes of international preliminary examination: | | | |
| which is the language in which the international application was filed. | | | |
| which is the language of a translation furnished for the purposes of international search. | | | |
| which is the language of publication of the international application. | | | |
| which is the language of the translation (to be) furnished for the purposes of international preliminary examination. | | | |
| Box No. V ELECTION OF STATES | | | |
| The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT. | | | |

| | | • • • |
|-------|----|-------|
| Sheet | No | 3 |

International application No. PCT/CA04/00011

| Box No. VI CHECK LIST | | | | | |
|---|--|--|--|--|--|
| The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination: | | For International Preliminary Examining Authority use only received not received | | | |
| 1. translation of international application | : | • | sheets | | |
| 2. amendments under Article 34 | : • | | sheets | | |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | | sheets | | |
| 4. copy (or, where required, translation) of statement under Article 19 | : | | sheets | | |
| 5. letter | : | 2 | sheets | | |
| 6. other (specify) | : | • | sheets | ☐ · | |
| The demand is also accompanied by the item(s) mark | ked below: | | | | |
| 1. fee calculation sheet | | 5. | statement expla | ining lack of signat | ure |
| 2. original separate power of attorney | | 6. | sequence listing | in computer readat | le form |
| 3. original general power of attorney | • | 7. | tables in compu | ter readable form re | lated to a |
| 4. copy of general power of attorney; reference number, if any: | | | | | |
| Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand). OGILVY RENAULT Signed by: CAWTHORN, Christian Patent Agent and Partner of the Firm Date: July 2, 2004 For International Preliminary Examining Authority use only 1. Date of actual receipt of DEMAND: 2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b): | | | | | |
| The date of receipt of the demand is A expiration of 19 months from the priority item 4 or 5, below, does not apply. The applicant has been informed as the date of the demand is WITH limit of 19 months from the priority date as by virtue of Rule 80.5. Although the date of receipt of the demand expiration of 19 months from the priority delay in arrival is EXCUSED pursuant to | ccordingly. IN the time is extended. It is after the try date, the | 6. | The date of limit under Rule 80.5. Although the expiration of the expiration of the second s | fthe time limit under below, does not appreceipt of the demand Rule 54 bis. 1(a) as contact the date of receipt of the date of the d | is WITHIN the time xtended by virtue of the demand is after the Rule 54 bis. I(a), the |
| For International Bureau use only | | | | | |
| Demand received from IPEA on: | | | • | | |

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FEE CALCULATION SHEET

Annex to the Demand

| International application No. PCT/CA04/00011 | For International Preliminary Examining Authority use only | | | |
|--|--|--|--|--|
| Applicant's or agent's file reference 15656-5PCT | Date stamp of the IPEA | | | |
| Applicant | | | | |
| TRANSFERT PLUS ET AL. | | | | |
| CALCULATION OF PRESCRIBED FEES | | | | |
| 1. Preliminary examination fee | 1,530 Eur P | | | |
| 2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.) | 129 Eur H | | | |
| 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box | 1,659 Eur TOTAL | | | |
| MODE OF PAYMENT | | | | |
| authorization to charge deposit cash account with the IPEA (see below) cheque revenue stamps | | | | |
| postal money order coupons | | | | |
| bank draft other (specify): | | | | |
| AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all IPEAs) IPEA/ | | | | |
| Authorization to charge the total fees indicated above. | Deposit Account No.: | | | |
| (This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. | Date: Name: | | | |
| | Signature: | | | |

Form PCT/IPEA/401 (Annex) (January 2004)

See Notes to the fee calculation sheet